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| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>   |   | ATTORNEY'S DOCKET NUMBER<br>2986-0133PUS1                                  |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP03/07606   | INTERNATIONAL FILING DATE<br>16 June 2003 | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>107517701</b><br>NEW |
| TITLE OF INVENTION      OPTICAL DEVICE UNIT, OPTICAL DEVICE AND MICROLENS ARRAY   |   |  |
| APPLICANT(S) FOR DO/EO/US      Kenjiro HAMANAKA; Koichiro NAKAMURA; and Satoshi WADE  |   |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:   |   |  |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))<br/>       a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).<br/>       b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.<br/>       c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</p> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).<br/>       a. <input checked="" type="checkbox"/> is attached hereto.<br/>       b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))<br/>       a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).<br/>       b. <input type="checkbox"/> have been communicated by the International Bureau.<br/>       c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br/>       d. <input checked="" type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</p> <p>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</p> |   |  |
| Items 11 to 20 below concern document(s) or information included:   |   |  |
| <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input checked="" type="checkbox"/> A preliminary amendment.</p> <p>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the International Application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: PCT/IB/308; PCT/ISA/210; Drawings - Twenty-Three (23) Sheets</p>  |   |  |

| U.S. APPLICATION NO. (If known, see 37 CFR 1.15)   |              | INTERNATIONAL APPLICATION NO.                    | ATTORNEY'S DOCKET NUMBER |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
|--|--------------|--|--------------------------|------------|--------------|--------------|-----------|-----------------|-----------|---|----|---------------------------------------|-------|---|-----------|---|--|---|----|--|--|--|--|--|--|----|--|--|--|-------------------------------|--|--|--|----|--|--|--|---|--|---|--|------|--|--|--|--|--|--|--|------------------------|----|--|--|-----------------------|----|
| 107517701<br>NEW   |              | PCT/JP03/07606                                   | 2986-0133PUS1            |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| 21. <input checked="" type="checkbox"/> The following fees are submitted:  |              | CALCULATIONS PTO USE ONLY                        |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| <b>BASIC NATIONAL FEE</b>  |              |  |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| <table border="1"> <tr> <td>Filing Fee</td> <td>\$ 300.00</td> </tr> <tr> <td>Search Fee</td> <td>\$ 500.00</td> </tr> <tr> <td>Examination Fee</td> <td>\$ 200.00</td> </tr> <tr> <td>Application Size Fee, each additional 50 sheets over 100 sheets</td> <td>\$</td> </tr> <tr> <td colspan="2"><b>TOTAL FILING FEE = \$ 1,000.00</b></td> </tr> <tr> <td>Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).</td> <td>\$ 130.00</td> </tr> </table>  |              |  |                          | Filing Fee | \$ 300.00    | Search Fee   | \$ 500.00 | Examination Fee | \$ 200.00 | Application Size Fee, each additional 50 sheets over 100 sheets | \$ | <b>TOTAL FILING FEE = \$ 1,000.00</b> |       | Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)). | \$ 130.00 |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| Filing Fee   | \$ 300.00    |  |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| Search Fee   | \$ 500.00    |  |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| Examination Fee  | \$ 200.00    |  |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| Application Size Fee, each additional 50 sheets over 100 sheets  | \$           |  |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| <b>TOTAL FILING FEE = \$ 1,000.00</b>  |              |  |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
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| <table border="1"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>15-20 =</td> <td>x</td> <td>\$</td> </tr> <tr> <td>Independent claims</td> <td>3-3 =</td> <td>x</td> <td>\$</td> </tr> <tr> <td colspan="2">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td>+</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><b>TOTAL OF ABOVE CALCULATIONS = \$ 1,130.00</b></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.</td> <td colspan="2">\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><b>SUBTOTAL = \$ 1,130.00</b></td> </tr> <tr> <td colspan="2">Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).</td> <td colspan="2">\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><b>TOTAL NATIONAL FEE = \$ 1,130.00</b></td> </tr> <tr> <td colspan="2">Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</td> <td colspan="2">+ \$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><b>TOTAL FEES ENCLOSED = \$ 1,130.00</b></td> </tr> <tr> <td colspan="2"></td> <td>Amount to be refunded:</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td>Amount to be charged:</td> <td>\$</td> </tr> </tbody> </table> |              |  |                          | CLAIMS     | NUMBER FILED | NUMBER EXTRA | RATE      | Total claims    | 15-20 =   | x   | \$ | Independent claims                    | 3-3 = | x   | \$        | MULTIPLE DEPENDENT CLAIM(s) (if applicable) |  | + | \$ |  |  | <b>TOTAL OF ABOVE CALCULATIONS = \$ 1,130.00</b> |  | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½. |  | \$ |  |  |  | <b>SUBTOTAL = \$ 1,130.00</b> |  | Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). |  | \$ |  |  |  | <b>TOTAL NATIONAL FEE = \$ 1,130.00</b> |  | Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property |  | + \$ |  |  |  | <b>TOTAL FEES ENCLOSED = \$ 1,130.00</b> |  |  |  | Amount to be refunded: | \$ |  |  | Amount to be charged: | \$ |
| CLAIMS   | NUMBER FILED | NUMBER EXTRA                                     | RATE                     |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| Total claims   | 15-20 =      | x  | \$                       |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| Independent claims   | 3-3 =        | x  | \$                       |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable)  |              | +  | \$                       |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
|  |              | <b>TOTAL OF ABOVE CALCULATIONS = \$ 1,130.00</b> |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
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|  |              | <b>SUBTOTAL = \$ 1,130.00</b>                    |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
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|  |              | <b>TOTAL NATIONAL FEE = \$ 1,130.00</b>          |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
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|  |              | <b>TOTAL FEES ENCLOSED = \$ 1,130.00</b>         |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
|  |              | Amount to be refunded:                           | \$                       |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
|  |              | Amount to be charged:                            | \$                       |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| <p>a. <input checked="" type="checkbox"/> A check in the amount of \$ 1,130.00 to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-2448. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.</p>   |              |  |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| <p><b>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</b></p>  |              |  |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| <p>SEND ALL CORRESPONDENCE TO:</p> <p><i>James M. Slattery</i></p> <p>SIGNATURE: _____</p> <p>NAME: James M. Slattery</p>  |              |  |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| <p>CUSTOMER NUMBER: 02292</p> <p>December 13, 2004</p> <p>28,380</p> <p>REGISTRATION NUMBER</p>  |              |  |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |
| <p>/clb</p>  |              |  |                          |            |              |              |           |                 |           |   |    |                                       |       |   |           |   |  |   |    |  |  |  |  |  |  |    |  |  |  |                               |  |  |  |    |  |  |  |   |  |   |  |      |  |  |  |  |  |  |  |                        |    |  |  |                       |    |